	PATENT A	PPLICATIO Effect	N FEE DE ive Octobe	RD		0	19-	75	72	2/0			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24				ſ	RATE	T	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 4 minus 20=		• 11			X\$ 9=			OR	X\$18=	72.00
INDEPENDENT CLAIMS			2 minus 3 =		* . /		ł	X40=			OR	X80=	7 7 7 3 4
MUL	TIPLE DEPEN	DENT CLAIM PI	RESENT				f	+135=				.070	
* If the difference in column 1 is less than zero, en					r "0" in c	olumn 2	L				OR	+270=	760 120
•								TOTAI	_		OR	TOTAL	18.7.011
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	LE	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ΔOM	Total	*	Minus	**		=	ļ	X\$ 9=	.		OR	X\$18=	
AMEI	Independent	*	Minus	***		=	Ī	X40=			OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	_		OR	+270=	
								TOT ADDIT. FI			OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	_ ′	ADDII. FI	CE 1			ADDIT: I EL	
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=	=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=	:		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	IULTIPLE DEF	ENDEN	II CLAIM]	+135	=		OR	+270=	
								TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER MOUSLY D FOR	PRESENT		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9:	=		OR	X\$18=	7
ME	Independent	*	Minus	***		=	1	X40=			OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	<u> </u>	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												<u> </u>	
	The "Highest Nur	mber Previously P	aid For" (Total o	r Indeper	ndent) is th	e highest numb	er fo	und in the	э ар	propriate bo	x in c	olumn 1.	

Application or Docket Number